

DOC ADMISSION / DISCHARGE REPORT

PLEASE PRINT FULL NAME:

LAST NAME FIRST NAME MIDDLE NAME ID DATE: TIME:

FROM UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit
Assignment
☐ MWP:
☐ Pod Cell Bed
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Cond. Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release

☐ ISP
☐ TSCTC-Trainee ☐ Diversion ☐ Direct
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:

☐ Parole Violator
☐ Probation Violator
☐ START Center
☐ In Transit
☐ New Inmate
☐ 10-Day Furlough
☐ Other

TO UNIT AND ASSIGNMENT:

☐ MSP:
☐ Unit
Assignment
☐ MWP:
☐ Pod Cell Bed
☐ Regional Prison:
☐ Pod
☐ MASC
☐ Hospital
☐ Conditional Release
☐ OLTC
☐ MSH-WS
☐ Pre-Release

☐ ISP
☐ TSCTC-Trainee ☐ Diversion ☐ Direct
☐ Treatment Programs
☐ Transfer
☐ Escape ☐ Apprehended State:

☐ Release

☐ START Center
☐ In Transit
☐ 10-Day Furlough
☐ Other

CODE:

☐ DOC
☐ MSP
☐ MWP

☐ RPC
☐ CD**
☐ DD**

☐ HOLD

CUSTODY:

☐ MIN 2
☐ MIN 1
☐ MED 2
☐ MED 1
☐ CLOSE
☐ MAX
☐ AD SEG

☐ REST
AD SEG

****Notify the Infirmary and Mental Health when PHC , DD or CD**

Health Services clearance ☐ Yes ☐ No (If No, attach *Special Needs Treatment Plan*)

COMMENTS:

STAFF MEMBER'S NAME / SIGNATURE: Barbara Bequette /

It is mandatory that all ADR's are turned into the Placement/Movement Office when a move is made. All ADR's are filled out by the **sending unit with the exception of a jail hold & Infirmary, which will be filled out by the receiving unit.** Information must be complete with housing unit and job assignment number and including title.